

- ## AFFECTIVE OBJECTIVES

- 1-4.31 Advocate the need to show respect for the rights and feelings of patients. (A-3)
- 1-4.32 Assess his/ her personal commitment to protecting patient confidentiality. (A-3)
- 1-4.33 Given a scenario involving a new employee, explain the importance of obtaining consent for adults and minors. (A-2)
- 1-4.34 Defend personal beliefs about withholding or stopping patient care. (A-3)
- 1-4.35 Defend the value of advance medical directives. (A-3)

None identified for this unit.

- III. Legal accountability of the paramedic
 - A. Responsible to act in a reasonable and prudent manner
 - B. Responsible to provide a level of care and transportation consistent with education/ training
 - C. Negligence can result in legal accountability and liability
 - 1. Components of negligence
 - a. Duty to act
 - (1) May be a formal contractual or an informal duty
 - (2) Duty may be undertaken voluntarily by beginning to care for a patient
 - (3) Duties include
 - (a) Duty to respond and render care
 - (b) Duty to obey laws and regulations
 - (c) Duty to operate emergency vehicle reasonably and prudently
 - (d) Duty to provide care and transportation to the expected standard
 - (e) Duty to provide care and transportation consistent with the scope of practice and local medical protocols
 - (f) Duty to continue care and transportation through to its appropriate conclusion
 - b. Breach of duty
 - (1) Standard of care
 - (a) Exercising the degree of care, skill, and judgement which would be expected under like or similar circumstances by a similarly trained, reasonable paramedic in the location involved
 - (b) Standard of care is established by court testimony and reference to published codes, standards, criteria and guidelines applicable to the situation
 - (2) Breach of duty may occur by
 - (a) Malfeasance - performing a wrongful or unlawful act
 - (b) Misfeasance - performing a legal act in a manner which is harmful or injurious
 - (c) Non-feasance - failure to perform a required act or duty
 - (3) In some cases, negligence may be so obvious that it does not require extensive proof

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- (4) Assure that the patient is informed about the implication of the decision and potential for harm
- (5) Consult medical direction
- (6) Request patient and a disinterested witness to sign a "release from liability" form
- (7) Advise the patient that he or she may call again for help if needed
- (8) Attempt to get family or friends to stay with the patient
- (9) Document situation and actions thoroughly on patient care report

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3. Completed objectively
 - a. Observations rather than assumptions or conclusions
 - b. Avoid use of emotionally and value-loaded words or phrases
 4. Completed accurately
 - a. Descriptions should be as precise as possible
 - b. Avoid using abbreviations or jargon not commonly understood
 5. Confidentiality maintained
 - a. Should have a standard policy on release of information
 - b. Whenever possible, patient consent should be obtained prior to release of information
- C. Copy to become part of patient's hospital record
- D. Maintained at least for extent of statute of limitations